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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	H16 01589 US
	First Named Inventor	Yue Liu et al.
	COMPLETE IF KNOWN	
	Application Number	09 / t.b.d.
	Filing Date	
	Group Art Unit	t.b.d.
	Examiner Name	t.b.d.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTOELECTRONIC DEVICES AND METHODS OF PRODUCTION

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/31/2001 as United States Application Number or PCT International Application Number 10/037,013 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION • Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 000128

Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

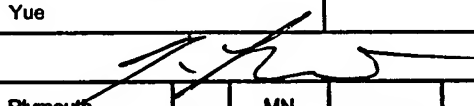
Name	Registration Number	Name	Registration Number
Andrew A. Abeyta	39,582		
Anna M. Nelson	48,935		
John J. Gresens	33,112		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 000128 or Bar Code Label OR ☒ Correspondence address below

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Address	101 Columbia Road, POB 2245				
City	Morristown	State	NJ	ZIP	07962
Country	USA	Telephone	602-313-3345	Fax	602-313-4559

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Yue			Liu		
Inventor's Signature					Date
Residence: City	Plymouth	State	MN	Country	USA
Post Office Address	16925 21s Avenue North				
Post Office Address					
City	Plymouth	State	MN	ZIP	55447
Country	USA				

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

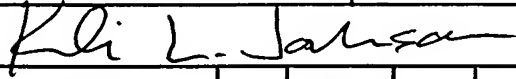
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Klein L.				Johnson			
Inventor's Signature				Date		2/14/02	
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
Post Office Address	2227 Highland Parkway						
Post Office Address							
City	St. Paul	State	MN	ZIP	55116	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Steven M.				Baier			
Inventor's Signature				Date			
Residence: City	Minnetonka	State	MN	Country	USA	Citizenship	USA
Post Office Address	15381 Highland Place						
Post Office Address							
City	Minnetonka	State	MN	ZIP	55345	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Klein L.				Johnson			
Inventor's Signature						Date	
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
Post Office Address	2227 Highland Parkway						
Post Office Address							
City	St. Paul	State	MN	ZIP	55116	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Steven M.				Baier			
Inventor's Signature	<i>Steven M. Baier</i>					Date	1-11-02
Residence: City	Minnetonka	State	MN	Country	USA	Citizenship	USA
Post Office Address	15381 Highland Place						
Post Office Address							
City	Minnetonka	State	MN	ZIP	55345	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Andrew A. Abeyta	39,582		
William C. Anderson	28,147		
Virginia Szigeti Andrews	29,039		
Melanie L. Brown	31,592		
Curtis B. Brueske	33,839		
Charlotte H. Copperthite	32,975		
Roger H. Criss	25,570		
Robert Desmond	38,450		
Felix Fischer	31,614		
Kris T. Fredrick	42,554		
Eric Halsne	46,753		
Mary Ann G. Lemere	32,160		
Robert B. Leonard	33,946		
Ian D. MacKinnon	34,660		
Paul L. Marshall	31,178		
Anthony Miologos	29,677		
Shannon Morris	42,909		
Keith A. Newbury	38,980		
Larry J. Palguta	29,575		
John G. Shudy, Jr.	31,214		
Ephraim Starr	41,325		
Jeanne C. Suchodolski	34,936		
Colleen Szuch	32,126		
Maria C. Walsh	37,958		
Loria B. Yeadon	35,063		
William Zak, Jr.	38,668		
Anna M. Nelson	48,935		

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